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ABSTRACT

Assessment of the adaptive behavior of public school children being considered for placement in the special education programs for the mentally handicapped in the Corpus Christi (Texas) Independent School District (CCISD) is discussed. Formal and informal assessment procedures are used, with a team of two associate school psychologists having the responsibility for the formal assessment of students. Assessment of the child incorporates review of the child's folder with a diagnostic team: an adaptive behavior test; an interview with parents; and a site visit to the child's school to speak with his/her teacher and observe the child in the classroom. A written report is made to the diagnostic team and a determination of placement is made. Instruments used in the assessment include the Texas Environmental Adaptation Measure (a locally developed experimental measure), the Adaptive Behavior Inventory for Children, the American Association of Mental Deficiency's Adaptive Behavior Scale--Public School Version, and the Vineland Social Maturity Scale. Assessment of adaptive behavior (as conducted in the CCISD) satisfies a number of the requirements of Public Law 94-142 (the Education for All Handicapped Children Act), such as the need for nondiscriminatory assessment techniques. Assessment has also proved useful in providing more information about students and involving parents, as well as resulting in the declassification of large numbers of students who would have been classified as mentally handicapped by previously used assessment criteria. (PHR)

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Adaptive Behavior Assessment and the Implementation of PL 94-142[1]

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Adaptive Behavior Assessment and the Implementation of PL 94-142[1]

In its attempt to assure non-discriminatory assessment for all handicapped children, PL 94-142 has resulted in the legitimation of a type of assessment which takes into account a child's ability to function within the sociocultural confines of his/her particular environment--adaptive behavior assessment.

As implemented in the Corpus Christi Independent School District (CCISD), adaptive behavior assessment operationalizes the intent of PL 94-142 by providing adaptive behavior evaluations as part of a multidisciplinary comprehensive assessment process utilizing, for the most part, locally normed measures of adaptive behavior administered in the home language of the parent by members of a team of specifically trained adaptive behavior interviewers who, in turn, provide adaptive behavior information to the ARD/IEP committee for use in the decision-making process.

The following discussion will explicate the procedures used in the assessment of adaptive behavior (formally and informally) in the CCISD with special focus on the instruments used, the personnel involved, and the coordination of adaptive behavior assessment with traditional assessment techniques. The usefulness of adaptive behavior information in terms of the total assessment process and the impact of adaptive behavior assessment on special education populations will also be discussed.

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Assessing Adaptive Behavior in the CCISD

Adaptive behavior in the CCISD is assessed both informally (a minimal assessment) and formally (utilizing established measures of adaptive behavior).

Informal Assessment

Minimal assessment of the adaptive behavior of all children being considered for special education in the CCISD is conducted as a part of a "Health History and Family Information" questionnaire which is generally administered to the parent by the school nurse during the initial phases of the referral process. On this form are recorded family medical problems, details of the child's birth, health history, and developmental, emotional, and adaptive behaviors, and languages spoken in the home.

Formal Assessment

Personnel. Formal adaptive behavior assessment in the CCISD is performed by a team consisting of two associate school psychologists (one bilingual) whose sole responsibility is the evaluation of the adaptive behavior of students being considered for special education placement as mentally retarded.

Procedures. Access to the adaptive behavior team is gained via an established referral procedure which is initiated by the diagnostic team (associate school psychologist/educational diagnostician) responsible for the psychological/educational testing of the student. Referral is made only if the testing performed by the diagnostic team does not provide clear evidence of a handicap other than mental retardation and if results of the testing meet the following criteria: (a) full scale IQ below 70, (b) verbal and performance IQ's below 75, (c) a subtest pattern which

includes not more than 2 scaled scores of 8 or more, (d) achievement scores below 80 and (e) performance at least 2 standard deviations below the mean on a test of visual-motor skills. If these criteria are met, the diagnostic team refers the child to the CCISD Adaptive Behavior Team for formal adaptive behavior assessment.

Formal referral of a student for adaptive behavior assessment is made on a specially prepared form on which is recorded pertinent student identification data, the reason for the referral (to determine handicap, re-evaluation, follow-up, etc.), the priority of the referral, and the primary language of the student. This form is accompanied by a copy of the student's psychological/educational test data summary sheet.

Once the referral is received, it is recorded and assigned to one of the two interviewers, depending upon caseloads and the language to be used in the interview. The assessment of the child is then undertaken and incorporates the following activities:

(a) the interviewer discusses the student with the referring diagnostic team and reviews the child's special education folder.

(b) the interviewer selects the most appropriate instrument for the particular student.

(c) the interviewer arranges and conducts the adaptive behavior interview with the parent.

(d) the interviewer visits the student's school, speaks with his/her teacher, and observes the child in the classroom.

In order to gather as much data on a student as possible in the shortest possible time, the interviewer sequences these activities in a flexible fashion, accomodating his/her schedule and the schedule of the parent, teacher, and diagnostic team. If a parent cannot be reached or

fails to keep appointments after numerous attempts, the teacher then serves as the respondent for the adaptive behavior measure.

Once all data has been gathered, the adaptive behavior interviewer provides written and/or oral feedback to the referring team. Written feedback is made in a formal report which includes background information (sociocultural and family history and personality information), test results and interpretation, and recommendations. The report will provide the child's level of adaptive functioning as it relates to his/her peers (average, below average, within the mentally retarded range), environmental and/or emotional factors which may have influenced these results, the child's strengths and weaknesses in terms of adaptive behavior, and recommendations for further psychometric testing (e.g. to determine emotional disturbance, language/learning disabilities), for further medical examinations, and/or for placement (e.g., self-contained classroom) and teaching strategies (e.g. bilingual, one-to-one instruction). When time and circumstances permit, the adaptive behavior information is integrated into the child's psychological report.

When the functioning level (MR or not MR) of the adaptive behavior assessment disagrees with the functioning level shown by the psychometric tests, the adaptive behavior interviewer and diagnostic team, and perhaps the coordinator of the appraisal department, confer to determine if the child may qualify for special education with a handicapping condition other than retardation or if regular class appears to be the most appropriate placement for the child. Results of the adaptive behavior assessment are presented, along with other assessment information, to the local building ARD/IEP Committee.

Instruments. Instruments used in the assessment of adaptive behavior in the CCISD include the Texas Environmental Adaptation Measure (TEAM) (a locally developed experimental measure), the Adaptive Behavior Inventory for Children (ABIC) (Mercer & Lewis, 1977), the AAMD Adaptive Behavior Scale-Public School Version (ABS-PSV) (Lambert, et al, 1975) and, for students below age 5, the Vineland Social Maturity Scale (Doll, 1965).

Local (CCISD) norms have been established for both the ABIC and the TEAM as a result of the research conducted by the Pluralistic Diagnostic Team (PDT) a Title IV-C project funded from June, 1976, to June, 1979.

Research results on the ABIC revealed the need for separate norms for only one subgroup of the sample (N = 420) used in the study (Gridley and Mastenbrook, 1977). This subgroup, the Mexican-Americans with low socioeconomic status (SES), scored significantly lower than the other five Corpus Christi subgroups (low, high SES Anglos; low, high SES Blacks; and high SES Mexican-Americans) and lower than the California sample used by Mercer in the standardization of the ABIC. As a result, for low SES Mexican-American children in the CCISD, a lower ABIC mean (40 rather than 50) is used as the criteria on which to establish a two standard deviation cut-off level for mental retardation.

The Texas Environmental Adaptation Measure (TEAM) is "based upon the assumption that analysis of the individual child's environment and personality is prerequisite to the assessment of his/her adaptive behavior (Scott, 1978)."

As such, TEAM consists of three sections: the Family Environment Assessment, the Personality Assessment and the Adaptive Behavior Assessment. The first two sections comprise an open-ended interview concerning sociocultural and family dynamics information and the parent's perceptions concerning the child's personality adjustment. The third section, the Adaptive

Behavior Assessment, consists of 102 questions in six subscales: Autonomous Activities, Mechanical Skills, Play and Recreation, Communication and Social Skills, Responsibility and Economic Activity.

TEAM was standardized during the 1977-78 school year on a random, stratified sample (3 ethnic, 2 SES groups) of 545 students (ages 5-16) in the Corpus Christi Independent School District.

Results of the Adaptive Behavior Assessment analysis, in brief, indicated the need for separate norms for one subgroup, the low SES Mexican-Americans (paralleling PDT ABIC research), and for the low SES Blacks at the lower age levels (5-8). On this basis, raw score means were established at each age level for two groups: Group I (high and low SES Anglos, age 5-16; high SES Mexican-American and Blacks, ages 5-16 and low SES Blacks ages 9-16)and Group II (low SES Mexican-Americans, ages 5-16; low SES Blacks, ages 5-8). These raw score means range from a low of 104 (for 5 year olds) and a high of 179 (for 16 year olds) in Group I and a low of 98 (for 5 year olds)and a high of 164 (for 16 year olds) in Group II. Maximum score is 204. A common standard deviation of 14 is used to determine if the difference between the child's score and the expected score for his/her age and group falls within the mentally retarded range.

In practice, the TEAM is generally used in the CCISD for all students, ages 5 and above, and the Vineland is used for students below the age of 5. On rare occasions, the ABIC is used for students, ages 5-11. In the event that a parent is unavailable and a teacher must be used as respondent for the adaptive behavior evaluation, selected domains of the ABS-PSV are used in conjunction with sociocultural and emotional information from the TEAM

and extensive interviewer observations of the child.

Usefulness of Adaptive Behavior Assessment

In the CCISD adaptive behavior assessment has a number of uses above and beyond the determination of the eligibility of students for classes for the mentally retarded. In reference to PL 94-142, adaptive behavior assessment as conducted in the CCISD satisfies a number of mandated requirements.

Among these are (a) the need for nondiscriminatory assessment techniques: historically, the growth of interest in adaptive behavior assessment came about as a result of awareness of the disproportionate special education placement of children who appeared to function normally in the home environment; in the CCISD the principal adaptive behavior instrument used has been normed on a stratified random sample, and ethnic group differences are taken into account in scoring; (b) the need for the use of more than one procedure in the evaluation of a child: adaptive behavior assessment, in speaking to out-of-school functioning, provides another dimension to the child's assessment; (c) the need for a multidisciplinary team: although adaptive behavior assessment in the CCISD is conducted by psychologists, the sociological implications of much of the information gathered and the "home" source of information appear indicative of a multidisciplinary approach; (d) the need for a variety of sources of input in the ARD/IEP decision-making process: again, the adaptive behavior assessment adds another dimension to the assessment process by providing information from the perspective of the parent, information which was gathered by personnel not involved in traditional

assessment activities; (e) the need for native language assessment: adaptive behavior evaluations are always conducted in the language most comfortable to the parent. Additionally, one of the most important uses of adaptive behavior assessment (again in reference to PL 94-142) is the opportunity it provides for parent involvement by establishing a link between the parent and the school. By visiting the home and interviewing the parent, the adaptive behavior interviewer is provided the opportunity to establish a friendly, caring relationship with the parent, and, thus, enhances the possiblity of the development of good relationship between the parent and the school.

Adaptive behavior assessment, utilizing the TEAM, is also useful in providing information concerning sociocultural variables and emotional and behavioral factors, elements which must be addressed in a comprehensive assessment.

As noted in the section on procedures, adaptive behavior information (from TEAM in particular) is also useful in providing recommendations for further testing. The need for a physical examination, diagnosis of speech problems, etc., may become apparent as a result of information gathered during the formal adaptive behavior assessment. The need for further testing to determine emotional disturbance may also be indicated.

Adaptive behavior assessment can also be an important source of information which should be incorporated into a child's IEP. For example, on the TEAM, each of the six subscales is a possible source of recommendation for IEP's (Scott, 1979).

The Autonomous Activities subscale reveals where the child is lacking

in self-help skills. The Mechanical Skills subscale may indicate the presence or absence of mechanical abilities which may affect the feasibility of a vocational-technical program for an individual child. The games which the child prefers to play, as indicated by the parent in the Play and Recreation subscale, may be incorporated for specific learning tasks on the IEP. The Communcation and Social Skills subscale may provide evidence of problems in these areas which should be addressed. The Responsibility subscale may be especially useful in incorporating parent tasks into an IEP; for instance, specific home activities in which the child should be given more responsibility may be delineated. The Economic Activity subscale may indicate a need to address money handling skills in the IEP.

Results of Adaptive Behavior Assessment

Although adaptive behavior assessment in the CCISD has proved useful in providing information for IEP's, in promoting parent involvement, and in meeting mandated requirements of PL 94-142, it has also resulted in the declassification of large numbers of students who would have been classified mentally retarded on the basis of previously used assessment criteria (Fisher, 1978). Further research by Scott (1979) revealed that of 525 CCISD students assessed in a three-year period, 45% were judged to have non-mentally retarded adaptive behavior. While the majority of these declassified students appeared eligible for special education under other handicapping conditions, 132 (or 25% of the total sample) appeared ineligible for any type of special education services. Thus a major impact of PL 94-142 appears to be the denial of services to a large number of children who, although not retarded in adaptive behavior, score

within the mentally retarded range in terms of intelligence and school achievement. It appears that, while attempting to assure services to severely handicapped children who may have been turned away in the past, an unexpected result of the implementation of PL 94-142 in the CCISD has been the withdrawal of needed services to the less severely handicapped. The development of programs for these children will be the next challenge for our educational system.

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